

AUG 18 2006

FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
TOTAL AMOUNT OF PAYMENT	(\$)	0.00

Application Number	08/881965
Filing Date	May 16, 1997
First Named Inventor	Andrew J. Kuzma
Examiner Name	Richard Lee
Art Unit	2713
Attorney Docket No.	42390P1901R

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid			
Total Claims		20* = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td></tr></table>	0	X <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>50.00</td></tr></table>	50.00	= <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>\$0.00</td></tr></table>	\$0.00
0							
50.00							
\$0.00							
Independent Claims		3* = <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td></tr></table>	0	X <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>200.00</td></tr></table>	200.00	= <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>\$0.00</td></tr></table>	\$0.00
0							
200.00							
\$0.00							
Multiple Dependent							

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	08/15/06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re the Patent Application of:

Kuzma

Serial No.: 08/881,965

Art Unit: 2713

Filed: May 16, 1997

Examiner: Lee, R.

For: MULTIPLE ENCODER OUTPUT BUFFER
APPARATUS FOR DIFFERENTIAL CODING OF
VIDEO INFORMATION

RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant respectfully requests the Examiner to enter the following amendment
and to consider the following remark.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 15, 2006

Date of Deposit
Leah Schwenke

Name of Person Mailing Correspondence

Leah Schwenke

Signature

August 15, 2006

Date